



5126
Docket No. 1917 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr., et al

Serial No.: 10/756,625

Group Art Unit: Unknown

Filed: January 13, 2004

Examiner: Unknown

For: **Method of Delivering Ablation Fluid to Treat Lesions**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: 8/9/04

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Supplemental Information Disclosure Statement
- ☒ PTO Form 1449 & copy of cited reference
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Neil Gershon
Rex Medical
2023 Summer Street
Suite 2
Stamford, CT 06905
(203) 348-0377



Docket: 1917 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr., et al
Serial No: 10/756,625 Examiner: Unknown
Filed: January 13, 2004 Group Art Unit: Unknown
For: **Method for Delivering Ablation Fluid to Treat Lesions**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

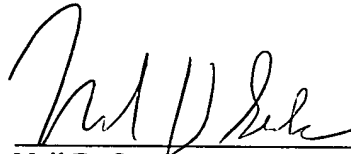
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

In accordance with Applicant's duty of disclosure under 37 C.F.R §1.56 and in compliance with 37 C.F.R. §1.97 and 37 C.F.R. §1.98, Applicants submit for the Examiner's consideration the enclosed reference cited on accompanying Form PTO-1449. Applicants respectfully request that the reference submitted with Form PTO-1449 be considered during examination of the above-identified application and made of record therein.

The citation of the listed item(s) is not a representation that it constitutes a complete or exhaustive listing of prior art or that it constitutes prior art.

As set forth in 37 C.F.R. §1.97 (c), to the best of Applicant(s) knowledge, this information disclosure statement is being filed before the mailing date of a first Office Action on the merits. No fee is believed required. However, any fee deficiency can be charged to Deposit Account No. 501567.

Dated: 8/9/04



Neil D. Gershon
Registration No. 32,225
Attorney for the Applicants

Rex Medical, L.P.
2023 Summer St.
Suite 2
Stamford, CT. 06905

(Use several sheets if necessary)

GROUP Art Unit:
Unknown

[illegible][illegible][illegible]

DATE CONSIDERED _____

(Form PTO-1449 [6-4])